

Reporting Period: _____

ILEC SERVICE STANDARD REPORT
For the Louisiana Public Service Commission

Company Name: _____

Contact Person: _____ **Phone:** _____

Total Number of Commission Complaints: _____

Percentage of installation appointments offered within 5 days: _____

Percentage of installation appointments met: _____

Total network repair reports: _____

Average duration (in hours) of special services: _____

Percentage of service troubles cleared within 24 hours: _____

Overall residential satisfaction: _____